

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. 10/025,184  
APPLICANT(S) \_\_\_\_\_

FILING DATE \_\_\_\_\_

CLAIMS						
ORIGINAL		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		
IND	DEP	IND	DEP	IND	DEP	
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TOTAL IND.	2	2				
TOTAL DEP.	4	3				
TOTAL CLAIMS	6	5				